

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005295

STATE FILE NUMBER

AMENDED

Registration District No. 369 Primary Registration District No. 6253 Registrar's No. 1

FILED FEB 7 1962

## 1. PLACE OF DEATH

a. COUNTY

WAYNE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

WILLIAMS TOWNSHIP

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST. LOUIS

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

ADDRESS

255 MEADOWCREST DR

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JACK

OTTO

KINNER

## 4. DATE OF DEATH

Month

Day

Year

FEB.

1

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-3-1928

## 9. AGE (last birthday)

32

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
OFFICE MANAGER

10b. KIND OF BUSINESS OR INDUSTRY

REMNERTWEAVER

11. BIRTHPLACE (City and state or country)

ST. LOUIS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

OTTO L. KINNER

## 13b. MOTHER'S MAIDEN NAME

LYDIA C. SURINANT

## 14. NAME OF HUSBAND OR WIFE

LOIS LORRAINE KINNER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WIN 2

## 17. INFORMANT

Address

LOIS LORRAINE KINNER

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARBON MONOXIDE POISONING

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

TAPED GARDEN HOSE TO CAR EXHAUST

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

NEAR HIGHWAY H.H.

## 20f. CITY, TOWN, OR LOCATION

GREENVILLE

## COUNTY

WAYNE

## STATE

MO

## 21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

6:00 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Maurice E. Boules Coronar

## 22b. ADDRESS

Piedmont Mo

## 22c. DATE SIGNED

2-5-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

FEB 5 1962

## 23c. NAME OF CEMETERY OR CREMATORY

VAL HALLA

## 23d. LOCATION (City, town, or county)

7600 St. Charles Rk. Road

## (State)

## 24. FUNERAL DIRECTOR

GISH FUNERAL HOME

## ADDRESS

PIEDMONT

## 25. DATE RECD. BY LOCAL REG.

2-5-62

## 26. REGISTRAR'S SIGNATURE

Sheila Lovelace

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 9 1962

FEB 21 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harmon W. Gis

Licensed Embalmer No. 3387

P. O. Address Piedmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.